



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 16, 2012

Ms. Claudette Werner-Poorman, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

Provider #: 475033

Dear Ms. Werner-Poorman:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 23, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

APR 11 2012

PRINTED: 03/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2012
NAME OF PROVIDER OR SUPPLIER CRESCENT MANOR CARE CTRS			STREET ADDRESS, CITY, STATE, ZIP CODE 312 CRESCENT BLVD BENNINGTON, VT 05201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	See attached Plan of Correction.	
F 154 SS=G	<p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, staff and Power of Attorney (POA) interviews, the facility failed to fully inform 1 resident or his/her legal representative about changes in the treatment plan by not informing them that an as needed (PRN) medication would be withheld for escalating behaviors, that the resident would be sent to the hospital and would not be accepted back at the facility. The findings are as follows:</p> <p>Per medical record review on 03/08/2012 at 1:10 PM, the facility administration placed a notice in the record and on the nurses' unit on or about 01/05/2012 or 01/06/2012 instructing staff to not give Resident # 1 the ordered PRN medication, Geodon, for escalating behaviors, which is</p>	F 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charles W. Warr

TITLE

Adm.

(X6) DATE

4/10/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PMC

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F 154	Continued From page 1 contrary to MD orders and directions in the care plan dated 12/06/2011. The notice further instructed the staff to call the police department, the ambulance, facility personnel, the physician and the POA, to send the resident to the hospital and not accept him/her back into the facility if hospital admission did not occur. The notice is not signed or dated and there is no evidence to support that the physician was included in formulating this change in the treatment plan. This is confirmed by facility staff during interview on 03/09/2012 between 10 and 11 AM. Per telephone interview with Resident #1's Power of Attorney (POA) on 03/12/2012 at 10:30 AM, s/he confirms that s/he was not notified of this plan until after it was implemented. S/he attended a care plan meeting on 12/06/2011 and recalls from notes made at the time that there was no mention of Resident #1 not being appropriately placed at this facility, nor that it was the facility intent to discharge Resident #1 from the facility. Further, there were no indications that any changes were made in the care plan. This is supported in the medical record notes from the care plan meeting in Dec 2011.	F 154			
F 224 SS=G	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIAT N The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced	F 224			

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F 224	<p>Continued From page 2</p> <p>by:</p> <p>Based on observation, staff interviews and medical record review, the facility failed to provide goods and services necessary to avoid physical harm, mental anguish and/or mental illness for 1 resident (Resident #1) by not administering an ordered (PRN) as needed medication for escalating and aggressive behaviors as directed by physician orders and the care plan. The findings are as follows:</p> <p>Per medical record review on 03/08/2012 at 1:10 pm, the facility administration placed a notice in the record and on the nurses' unit on or about 01/05/2012 or 01/06/2012 instructing staff to not give Resident #1 the ordered PRN medication, Geodon, for escalating behaviors, which is contrary to MD orders and directions in the care plan dated 12/06/2011. The notice further instructed the staff to call the police department, the ambulance, facility personnel, the physician and the POA (Power of Attorney), to send the resident to the hospital and not accept him/ her back into the facility if hospital admission did not occur. See below for exact wording of notice. The notice is not signed or dated and there is no evidence to support that the physician was included in formulating this change in the treatment plan. This is confirmed by facility staff during interview on 03/09/2012 between 10 and 11 AM.</p> <p>Per review of nurses notes and documentation on the Medication Administration Record (MAR), the resident did not receive a scheduled dose of Geodon at 1500 hours on 01/06/2012 and further was not given a PRN dose of I/M (intramuscular) Geodon (an anti-psychotic medication) on</p>	F 224			

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F 224	<p>Continued From page 3</p> <p>01/06/2012 for behaviors described as escalating. An entry in the nurses' notes dated 01/06/2012 at 1300 hours states "resident in the hall with radio, no swearing or negative behaviors, no slamming doors." Per entries from 1415 to 1635 the resident's behaviors had escalated to where "the resident attacked a nurse...attempted to choke the nurse...call placed to MD-made aware of situation, received order to sent to ER." There is no evidence in the medical record that indicates that Resident was given or attempted to be given the PRN Geodon I/M that was ordered.</p> <p>Per telephone interview with Resident #1's POA on 03/12/2012 at 10:30 AM, s/he confirms that s/he was not notified of this plan until after it was implemented. S/he attended a care plan meeting on 12/06/2011 and recalls from notes made at the time that there was no mention of Resident #1 not being appropriately placed at this facility, nor that it was the facility intent to discharge Resident #1 from the facility. Further, there were no indications that any changes were made in the care plan. This is supported in the medical record notes from the care plan meeting in Dec 2011.</p> <p>Notice contents: "[Resident #1's name]. When behavior escalates to a level that PRN Geodon WOULD NEED TO BE GIVEN, DO NOT give. Provide 1:1, clear hallways of residents, close Activity Room Door and ensure staff & resident safety until Emergency Personnel arrive. IMMEDIATELY call: Police; Bennington Rescue Squad; [staff name]; MD; POA. Ship to SVMC ER - DO NOT ACCEPT RETURN TO FACILITY!!!"</p>	F 224			
F 280	483.20(d)(3), 483.10(k)(2) RIGHT TO	F 280			

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F 280 SS=D	<p>Continued From page 4</p> <p>PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, staff and POA interview, the facility failed to allow the responsible party for 1 resident (Resident #1) to participate in changes in care and treatment which included withholding an as needed (PRN) medication for escalating behaviors not responding to re-direction. The findings include:</p> <p>Per medical record review on 03/08/2012 at 1:10 pm, a care planning conference was conducted on 12/06/2011 with the Power of Attorney (POA) for Resident #1 being in attendance. There is no</p>	F 280			

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F 280	Continued From page 5 indication in the record that there were any changes in the current status of Resident #1 or that the plan of care would be changed. There is also no evidence to support that the facility could not meet the needs of Resident #1 during this care plan meeting. This is confirmed during a telephone interview with the POA on 03/12/2012 at 10:30 am. Further review of the medical record indicates that the as necessary (PRN) dose of Geodon (an anti psychotic medication) was not given as ordered for the escalating behaviors but rather that the police, ambulance and DNS were notified and the resident was transferred to the hospital. During interview on 03/12/2012 at 10:30 am the POA indicated that s/he was not aware of a plan that the facility had to withhold the PRN medication prior to transferring this resident to the hospital and to then not accept him/ her back if hospitalization was not required. S/he reported that s/he was informed after the transfer to the emergency room at the local hospital had been made.	F 280			
F 281 SS=G	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to meet professional standards of care by not following physician orders for 1 resident (Resident #1) to administer an as necessary (PRN) medication for escalating	F 281			

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F 281	<p>Continued From page 6</p> <p>behaviors not responding to re-direction. The findings include:</p> <p>Per medical record review on 03/08/2012 at 1:10 pm, the facility administration placed a notice in the record and on the nurses' unit on or about 01/05/2012 or 01/06/2012 instructing staff to not give Resident #1 the ordered PRN medication, Geodon (an anti-psychotic medication), for escalating behaviors, which is contrary to MD orders and directions in the care plan dated 12/06/2011. The notice further instructed the staff to call the police department, the ambulance, facility personnel, the physician and the POA (Power of Attorney), to send the resident to the hospital and not accept him/ her back into the facility if hospital admission did not occur. The notice is not signed or dated and there is no evidence to support that the physician was included in formulating this change in the treatment plan. This is confirmed by facility staff during interview on 03/09/2012 between 10 and 11 AM.</p> <p>Per review of nurses notes and documentation on the Medication Administration Record (MAR), the resident did not receive a scheduled dose of Geodon at 1500 hours on 01/06/2012 and further was not give a PRN dose of I/M Geodon on 01/06/2012 for behaviors described as escalating. An entry in the nurses' notes dated 01/06/2012 at 1300 hours states "resident in the hall with radio, no swearing or negative behaviors, no slamming doors." Per entries from 1415 to 1635 on the same day the resident's behaviors had escalated to where "the resident attacked a nurse...attempted to choke the nurse...call placed to MD-made aware of situation, received order to</p>	F 281			

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F 281	Continued From page 7 send to ER." There is no evidence in the medical record that indicates that the Resident was given or attempted to be given the PRN Geodon I/M that was ordered, nor was there documentation that the order was rescinded by the MD when the order to send Resident #1 to the emergency room was received. Per telephone interview with Resident #1's POA on 03/12/2012 at 10:30 AM, s/he confirms that s/he was not notified of this plan until after it was implemented. S/he attended a care plan meeting on 12/06/2011 and recalls from notes made at the time that there was no mention of Resident #1 not being appropriately placed at this facility, nor that it was the facility intent to discharge Resident # 1 from the facility. Further, there were no indications that any changes were made in the care plan. This is supported in the medical record notes from the care plan meeting in Dec 2011.	F 281			
F 490 SS=G	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to assure that one applicable Resident (Resident # 1) was treated in a manner that maintained the highest practicable mental and psychosocial well being, by the facility	F 490			

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F 490	<p>Continued From page 8</p> <p>planning to not follow the physician orders or most current care plan. The findings include:</p> <p>Per medical record review on 03/08/2012 at 1:10 PM, the facility administration placed a notice in the record and on the nurses' unit on or about 01/05/2012 or 01/06/2012 instructing staff to not give Resident #1 the ordered PRN (as needed) medication, Geodon, for escalating behaviors, which is contrary to MD orders and directions in the care plan dated 12/06/2011. The notice further instructed the staff to call the police department, the ambulance, facility personnel, the physician and the POA (Power of Attorney), to send the resident to the hospital and not accept him/her back into the facility if hospital admission did not occur. See below for exact wording of notice. The notice is not signed or dated and there is no evidence to support that the physician was included in formulating this change in the treatment plan. This is confirmed by facility staff during interview on 03/09/2012 between 10 and 11 AM.</p> <p>Per interview with the facility administrator on 03/08/2012 and 03/09/2012 s/he reported that a 30-day notice was not given to this resident or his/her legal representative because "you know as well as I do [s/he] would still be here. And I have to think of the safety of the other residents." Per electronic mail received from the facility administrator dated 03/22/2012 at 10:54 am, s/he clarified that s/he was the administrator of record at the time of the discharge.</p> <p>Notice contents: "[Resident #1's name]. When behavior escalates to a level that PRN Geodon WOULD NEED TO BE GIVEN, DO NOT give.</p>	F 490			

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F 490	Continued From page 9 Provide 1:1, clear hallways of residents, close Activity Room Door and ensure staff & resident safety until Emergency Personnel arrive. IMMEDIATELY call: Police; Bennington Rescue Squad; [staff name]; MD; POA. Ship to SVMC ER - DO NOT ACCEPT RETURN TO FACILITY!!!!	F 490			
F9999	Refer also to F147, F224, F280, and F281. FINAL OBSERVATIONS Based on medical record review, staff and POA (Power of Attorney) interviews, the facility failed to comply with Vermont Statutes 3.14 (l) (3) with regards to the "Emergency Transfer or Discharge of Residents" for 1 resident (Resident # 1). The regulation states that "an emergency discharge or transfer may be made with less than thirty (30) days' notice under the following circumstances: (3) The resident presents an immediate threat to the health or safety of self or others. In that case, the licensee shall request permission from the licensing agency to discharge or transfer the resident immediately. Permission from the licensing agency is not necessary when the immediate threat requires intervention of the police, mental health crisis personnel, or emergency medical services personnel who render the professional judgement that discharge or transfer must occur immediately. In such cases, the licensing agency shall be notified on the next business day..." Per medical record review of Resident #1 on 03/08/2012 at 1:30 PM and confirmed by staff during interview on 03/09/2012 at 9:15 AM, the resident was transferred emergently to the local hospital for escalating behaviors not responding	F9999			

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F9999	<p>Continued From page 10</p> <p>to redirection, and was refused readmission to the facility. The State Licensing Agency was not notified of this transfer of 01/06/2012 on the next business day, and further, was not notified by the facility at any time. This is confirmed by the Administrator during the exit conference on 03/09/2012 at 3:15 PM.</p> <p>Further review of the medical record indicates that the as necessary (PRN) dose of Geodon (an anti psychotic medication) was not given as ordered for the escalating behaviors but rather, the police, ambulance and DNS were notified and the resident was transferred to the hospital. During interview on 03/12/2012 at 10:30 AM, the POA indicated that s/he was not aware of a plan that the facility had to withhold the PRN medication prior to transferring this resident to the hospital and to then not accept him/her back if hospitalization was not required.</p>			F9999			

APR 11 12

Licensing and
Protection

Crescent Manor Care Centers Plan of Correction

This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Crescent Manor Care Center does not admit that the deficiencies CMS-2567 exist, nor does the facility admit to any statement findings, facts or conclusions that form the basis of the alleged deficiency. The facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusion that form the basis for the deficiency.

F154

Resident #1 is no longer in the facility. This developmentally disabled person with dementia who triggered for agitation and has significant care needs remains in the local hospital. No known skilled nursing facilities have accepted Resident #1. To the best of our knowledge there is a plan for resident #1 to go Franklin County at the end of April (my understanding this is a private home with 24 hour supervision and support services).

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months to monitor the circumstances surrounding the use of PRN medication and whether they are in accordance with the plan of care.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan by the SDC and nurse managers.

Random audits will be completed by Nurse Managers for the next three months to assure compliance. Outcomes will be reported to CQI Committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member. Random chart audits will be conducted for the next three months and outcomes reported to the CQI Committee. Again, if compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Date of Correction
4/17/12 and ongoing.

F154 POC accepted 4/13/12 G.Coleman RN / P.McGurn

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F224

The facility notes that, within days before the notice was placed, Resident 1 was given a PRN injection of Geodon which required that four staff members restrain the Resident so that the injection could be delivered. The facility believes that this event caused mental anguish to Resident 1. For these reasons, the facility disputes that not giving the Geodon PRN was an act that caused physical harm, mental anguish and/or mental illness to Resident #1. The nurse documented that Resident #1 refused scheduled po Geodon at 15:00 on 1/6/2012.

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months. Staff will be re-educated on Physician Orders and the Care plan for administration of PRN medications and the parameters to give including interventions.

Random audits will be completed by Nurse Managers for the next three months to assure compliance, outcomes will be reported to CQI committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers for the next three months to assure compliance. Outcomes will be reported to CQI Committee monthly for the next three months. Administrator will review all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Completed by:
4/17/12 and ongoing.

F224 POC accepted 4/13/12 G. Coleman RN / J. McArthur

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F280

Resident #1 is no longer in the facility. All residents have the potential to be affected.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers for the next three months to assure compliance in educating residents and/or POA's of changes in care plans. Outcomes will be reported to CQI Committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. The Administrator may, if compliance is not achieved to her satisfaction, extend these audits.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Resident #1 is no longer

Date of Correction
4/17/12 and ongoing.

*F280 POC accepted 4/13/12
G. Coleman RN / P. McArthur RN*

F281

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months to ensure those PRN medications are provided in accordance with physician orders. Staff will be re-educated on Physician Orders and the Care plan for administration of PRN medications and the parameters to give including interventions. Random chart audits will be conducted for the next three months and outcomes reported to the CQI Committee. Again, if compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Random audits will be completed by Nurse Managers to assure compliance in following physician orders for the next three months. Outcomes will be reported to CQI committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. If Compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers to assure compliance for the next three months. Outcomes will be reported to CQI Committee monthly for the next three months. Administrator will review all on-going audits for the next three months. If Compliance is not achieved to the Administrator's satisfaction, audits may be continued.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Completed by:
04/17/12 and ongoing.

F281 POC accepted 4/13/12 G. Coleman RN / P. McArthur RN

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F490

All residents have the potential to be affected.

Due to the potential that any resident may have a PRN medication, random audits will be completed for the next three months to ensure those PRN medications are provided in accordance with physician orders. Staff will be re-educated on Physician Orders and the Care plan for administration of PRN medications and the parameters to give including interventions. Random chart audits will be conducted for the next three months and outcomes reported to the CQI Committee. Again, if compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Random audits will be completed by Nurse Manager to assure compliance in following physician orders and maintaining the highest practicable wellbeing for residents for the next three months. Outcomes will be reported to CQI committee monthly for the next three months. The Administrator will be reviewing all on-going audits for the next three months. If compliance is not achieved to the satisfaction of the Administrator, audits may be continued.

Staff will be re-educated on informing the resident or his/her POA of any changes in the Care Plan. Random audits will be completed by Nurse Managers to assure compliance for the next three months. Outcomes will be reported to CQI Committee monthly for the next three months. Administrator will review all on-going audits for the next three months. If Compliance is not achieved to the Administrator's satisfaction, audits may be continued.

SDC will re-educate all nursing staff on the importance and compliance of informing resident or his/her POA on any changes in Care plan. Documentation of participation of education will be completed by each staff member.

Completed by:
4/17/12 and ongoing.

F490 POC accepted 4/13/12 G. Coleman RN / P. Mcoturn

F9999

Emergency discharges will be reported to appropriate authority as stated in the State Regulations. The Administrator is responsible for reporting.

4/17/12

F9999 POC accepted 4/13/12 G. Coleman RN / P. Mcoturn

Respectfully submitted: Claudette Werner-Poorman, Administrator

